



FORM
LOB

(Rev. 5/2013)



HAWAII STATE ETHICS COMMISSION

LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT

MAY 15 P1:44

REPORT YEAR: 2013

☐ Amended Statement

For Lobbying Reporting Period: ☐ January 1 - last day of February

☒ March 1 - April 30

STATE OF HAWAII
ETHICS COMMISSION

LOBBYIST INFORMATION

Kosasa

Paul

Last Name

First Name

M.I.

Lobbyist Firm/Employer

ABC Stores

Mailing Address (Number and Street or P.O. Box)

766 Pohukaina Street

HI

96813

City

State

Zip Code

(808) 591-2550

pkosasa@abcstores.com

Telephone

Extension

Email Address

PART I. TOTAL EXPENDITURES (Attached Additional Sheets As Needed)

EXPENDITURES (ROUND TO THE NEAREST DOLLAR) MADE BY LOBBYIST FOR EACH ORGANIZATION REPRESENTED

| Organization's Names | Preparation & Distribution of Lobbying Materials | Media Advertising | Fees Paid to Lobbyist | Postage | Entertainment & Events | Receptions, Meals, Food & Beverages | Gifts | Loans | Other Disbursements | EXPENDITURES | TOTAL |
|--|--|-------------------|-----------------------|---------|------------------------|-------------------------------------|-------|-------|---------------------|--------------|-------|
| 1. Hawaii Food Industry Assn | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Retail Merchants of Hawaii | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. | | | | | | | | | | | |
| 4. | | | | | | | | | | | |
| 5. | | | | | | | | | | | |
| 6. | | | | | | | | | | | |
| 7. | | | | | | | | | | | |
| 8. | | | | | | | | | | | |
| 9. | | | | | | | | | | | |
| 10. | | | | | | | | | | | |
| 11. | | | | | | | | | | | |
| 12. | | | | | | | | | | | |
| 13. | | | | | | | | | | | |
| 14. | | | | | | | | | | | |
| 15. | | | | | | | | | | | |
| 16. Total Expenditures from Additional Attached Sheet(s) | | | | | | | | | | | |

Add Total Expenditures (lines 1 through 16) Total Expenditures 0

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the statement period.

| Name | On Behalf of ORG | Amount or Value |
|------|------------------|-----------------|
| | | |
| | | |
| | | |
| | | |

☐ Check here if additional sheets are attached

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List all expenditures incurred by lobbyist for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

| Name | On Behalf of ORG | Amount or Value |
|------|------------------|-----------------|
| | | |
| | | |
| | | |
| | | |

☐ Check here if additional sheets are attached

PART II. CONTRIBUTIONS RECEIVED

List all contributions received by lobbyist for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

| Name | On Behalf of ORG | Amount or Value |
|------|------------------|-----------------|
| | | |
| | | |
| | | |
| | | |

☐ Check here if additional sheets are attached

PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other (indicate below): |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

AUTHORIZED PERSON

| | | |
|---|-----------------|-----------------|
| Paul Kosasa | President & CEO | 5/10/2013 |
| Print Name of Authorized Person (First M.I. Last) | Title | Date (m/d/yyyy) |

☒ **CERTIFICATION:** By checking this box, you signify and affirm that you are the person whose name appears as the "Authorized Person" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.